

CLAIMS ONLY							Application Number <u>10 814 710</u>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/				
2		/					52	/				
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48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
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